

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1888 -62-008563  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1003

FILED FEB 23 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)  
HOMER G. PHILLIPS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY OR TOWN

St. Louis

d. STREET ADDRESS

4319 MAFFITT

3. NAME OF DECEASED (Type or print)

Charlie

First

W.

Last

Patton

4. DATE OF DEATH

Month

Day

Year

2

12

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

Widowed

Never Married

Divorced

8. DATE OF BIRTH

12-6-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NIL

10b. KIND OF BUSINESS OR INDUSTRY

NIL

11. BIRTHPLACE (City and state or country)

MISS

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

ELLEN PATTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ELLEN PATTON 4319 MAFFITT

18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

491x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Nephrosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-12-62

7:55

to 2-12-62

and last saw him alive on 2-12-62

Death occurred at 7:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

B. Prohite MD

(Degree or title)

22b. ADDRESS

2601 N. Whittier Street

22c. DATE SIGNED

2-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

2-17-62

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON PARK

23d. LOCATION (City, town, or county)

ST LOUIS COUNTY MO

24. FUNERAL DIRECTOR

ADDRESS

SWAN-McKEE UND. CO 1819 N. UNION

25. DATE RECD. BY LOCAL REG.

FEB 15 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.